

## **What Keeps Medical Educators Awake At Night: Summary of Responses from Session Participants**

### **Faculty**

- Lack of respect for medical educators
- Recruitment of basic science faculty to be mentored by senior faculty
- How to be sure we are spending enough time as faculty to give safe/quality patient care in the midst of the other demands on us
- Faculty morale is down as they are asked to see more patients, teach more, evaluate...
- Balancing clinical and teaching
- Increased faculty pressures on time and resources
- How do I manage to do all I need to do as a teacher and administrator and balance that with enough time to be a thoughtful scholar?
- Getting faculty involved
- How do you get faculty buy-in for constantly changing process
- No buy-in from staff for medical education
- How can I work with clinical faculty better so that we can all invest the great efforts in developing instruction for med students in the preclinical years?
- Too many clinical education commitments
- Getting faculty to directly observe student /resident performance in busy clinical settings
- Recruiting tutors and small group leaders
- Developing effective modules for resident as teachers

### **Faculty Work-Life Balance**

- How to balance needs of work with needs of my family
- Balance
- How to juggle various responsibilities wearing the “multiple hats”
- Work overload-work needs done not doable in a normal work week
- How to do well in my job and actively pursue meaningful professional development
- Remembering to do all that needs to be done
- Finding the time to follow through the projects and plans
- My 10-year plan
- Work/life experience
- Work/life balance
- Lack of time to complete it all!
- How to make a difference (efficiently)

### **Curriculum**

- Block rotations that don't make sense
- How to conduct curricular revision with limited faculty and structural resources

- One concern is the desire for more one-to-one faculty support for issues related to desire to introduce teaching innovations, add new tech into teaching, etc.
- Curriculum redesign for “new” learners
- Mentoring students and needing to evaluate them: the balance
- Are we creating good students or good doctors?
- Am I adequately emphasizing the importance of competencies other than medical knowledge?
- How am I assessing outcomes individually and programmatically?
- How do we teach everything we “need” to teach and yet give students enough time and space to learn?
- Are we providing the kind of education students and health care systems need for efficient and effective patient care right out of medical school?
- Why is every medical school in the country developing their own curriculum? Wasted precious resources?
- Is a KHAN Academy for medical education possible? Would medical schools do this?
- When will we (the nation, the world) do better at sharing teaching resources so we don’t do all the same thing at each school?
- Why can’t we have central/common learning objectives and MCQs

### **Curriculum Change**

- How to transition from a traditional to an interactive/alternative curriculum. i.e. What do I do with my lectures and how?
- Pressure for implementing curriculum design
- When the curriculum design drifts, a new person comes in and changes the course without regard for overall design, how it fits with whole
- How do we explain to students that a curricular change is necessary, especially when it involves more work? (e-portfolios, flipped classrooms, TBL)
- Lack of buy-in from faculty viz a viz curriculum reform and quality improvement; limited involvement of clinical faculty
- Many faculty opinions on what students “need to know” while not taking seriously the increased pressure of the match/demands on specialty choice
- Update a curriculum poised to prepare a student to practice circa 1985
- Are we preparing our students for the health care models of the future?
- Providing better education for first and second year students. Why do we keep teaching in antiquated ways?
- How can we implement novel strategies when everybody is really busy?

### **Administration and Leadership**

- Disconnect between trying to make changes/resistance to change among many faculty and administrators

- No way to move up generational spreads between senior faculty and execs who don't want to retire
- As I rise in administrative rank, being viewed as "the other" and not as a faculty member
- Unrealistic expectations of school leaders for the available resources and unwillingness to listen or discuss
- Unqualified administrations
- Meddling leadership
- Turf battles
- Tools to manage up with leaders "unfamiliar" with the point of medical education
- Keeping faculty feeling validated/rewarded when engaged... you have few rewards
- Dealing with clinical units/organizations that are not receptive to academia
- Resources/support for medical education especially faculty time
- Engagement of clinical faculty in era of contracts only based on WRVUs
- Dealing with the increasingly onerous regulatory requirements
- Effects of sequestration on budgets, faculty and administrator recruitment and retention

### **Medical Students**

- Students (this generation) who don't trust the faculty as much as they trust the Internet
- Students mistreated in clinical venues but unwilling to come forward with details real time for fear of career impact
- The burden of debt that frightens students into making poor career choices
- Student (dis)satisfaction with curriculum renewal/change
- Failing to fail: dealing with struggling learners in a reasonable time frame to help them up or out
- Make the students more engaged

### **Medical Students: Progress Issues**

- How can I best identify and help struggling students.
- Addressing the needs of all students: students having academic difficulties, wanting to be actively involved, students overcommitted
- The bottom of our class-can they really be good doctors, can they/will they match?
- How to help students who struggle to be motivated and successful
- How to motivate struggling students?
- Graduating a student who should not become a physician
- Entitled students
- Mental health issues of medical students and faculty

### **Medical Students: Professionalism**

- Dealing with misbehaviors in the medical students
- Those rare students with seriously concerning professionalism issues (possible personality disorders?) who nonetheless manage to keep just enough within the lines (or argue their way out of consequences) to skate by—and who we are graduating
- Students who don't understand the connection between individual behaviors and professionalism
- Developing professional identities in trainees (medical students and residents). Taking ownership, responsible

### **Research and Scholarship**

- Research agendas and shifts in faculty funding
- Promotion without time for “scholarly” activity between clinical and education duties
- More support needed for medical education research: need folk to guide, advise, write, help with IRBs, etc.
- How does one begin/ develop an educational scholarly research project?
- Learning how to do medical education research rigorously
- Getting recognition for medical education scholarship
- Maintaining research productivity in the face of administrative responsibilities
- Pressure for obtaining research funding for salary recovery in current environment
- Pressure to publish
- Achieving research/education balance

### **Learner Assessment**

- Faculty development required for direct observation
- Making clinical evaluations more relevant or factual or real
- Increase end-of-clerkship ratings
- Fearing that once you figure out what LCME wants, they all change their mind
- How to evaluate non-cognitive component of med curriculum?
- How to use the curriculum to prepare students for Step One as opposed to tacking on board prep courses
- How to write a good exam that accurately assess student learning?

### **Passing the Torch**

- Who will take over my job next year? Will I be able to orient them well enough so that they can take over?
- How to optimize junior faculty experiences (being a better mentor)
- How can PhD medical educators remain vital in an increasingly clinically driven system?
- Where will the next generation of professional educators come?

## **Technology**

- Disappointment that our hospital EMR software is not universal or transferable
- Committing to one admissions software package to take over or the AAMC AMCAS app which will not longer be supported
- Technology, digital natives and the charging student and education
- As an IT administrator, will “my” systems support educational progress or be a limit to education